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From: Fraser D. Roy

Comments: Please see attached.

Docket No.: 16497.1.1.4

Serial No.: 10/616,832

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REC'D 00000460V001

NOV 21 2005

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PATENT APPLICATION  
Docket No: 16497.1.1.4

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael T. Carley et al.

Application No.:

10/616,832

) Art Unit  
) 3731

Filing Date:

July 9, 2003

Conformation No.:

2679

For:

CLOSURE DEVICE AND METHODS FOR  
MAKING AND USING THEM

Examiner:


Daniel J. Davis

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I hereby certify that the following documents are being facsimile transmitted to United States Patent and Trademark Office at Fax No. (517) 273-8300, on this 21 day of November, 2005:

- Transmittal for Revocation and Substitute Power of Attorney and Change of Attorney Docket Number (1 page)
- Revocation and Substitute Power of Attorney with Exhibit A (9 pages)
- Change of Attorney Docket Number (2 pages)

Respectfully submitted,



FRASER D. ROY  
Attorney for Applicants  
Registration No. 45,666  
Customer No. 057360

KCT0000004641V001

NOV 21 2005

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PATENT APPLICATION

Docket No: 16497.1.1.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael T. Carley et al.

Application No.: 10/616,832

Filing Date: July 9, 2003

Conformation No.: 2679

For: CLOSURE DEVICE AND METHODS FOR  
MAKING AND USING THEM

Examiner: Daniel J. Davis

TRANSMITTAL FOR REVOCATION AND SUBSTITUTE POWER OF  
ATTORNEY AND CHANGE OF ATTORNEY DOCKET NUMBERCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a Revocation and Substitute Power of Attorney and Change of Attorney Docket Number. Please address all future correspondence in connection with the above-identified patent application to the attention of the undersigned.

Dated this 21 day of November, 2005.

Respectfully submitted,

FRASER D. ROY  
Attorney for Applicants  
Registration No. 45,666  
Customer No. 057360

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VICTOR R. RICHARDS  
OR COUNSEL

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\* Admitted only in Virginia

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PATENT APPLICATION  
Docket No: 16497.1.1.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael T. Carley et al.

Application No.:

10/616,832

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2679

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Examiner:

Daniel J. Davis

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) Art Unit  
) 3731  
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CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

For convenience and ready identification of the papers received in connection with the above-identified patent application, please reference in all future communications my Docket No. 16497.1.1.4.

All correspondence and telephonic communications should be directed to:

FRASER D. ROY

057360

Customer Number

Telephone: (801) 533-9800

Facsimile: (801) 328-1707

Application No. 10/616,832  
Page 2 of 2

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Dated this 21 day of November, 2005.

Respectfully submitted,



FRASER D. ROY  
Attorney for Applicants  
Registration No. 45,666  
Customer No. 0057360

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PATENT APPLICATION  
Docket No. 16497.1.1.4

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Carley et al.

Serial No.:

10/616,832

) Art Unit  
) 3731

Filed:

July 9, 2003

Confirmation No.:

2679

For:

CLOSURE DEVICE AND METHODS FOR  
MAKING AND USING THEM

Examiner:

Daniel J. Davis

REVOCATION AND SUBSTITUTE POWER OF ATTORNEY

VIA FACSIMILE (571) 273-8300

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The undersigned, Robert Hance, President of Integrated Vascular Systems, Inc., the assignee of the entire interest of the above-identified application, as shown by the assignment recorded in the United States Patent Office at Reel 014260, Frame 0544, a copy of said assignment is attached at Exhibit A hereto, hereby revokes all previous powers of attorney in the above-identified application, and now hereby appoints as my attorneys and/or patent agents all attorneys and/or patent agents under Customer Number 057360, with full power of substitution and revocation, to prosecute said application, to make alterations and amendments therein, to

receive the Letters Patent, and to transact all business in the Patent and Trademark Office connected therewith.

Robert Hance further declares that all statements made herein of his own knowledge are true; and further that these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the application or any patent issuing thereon.

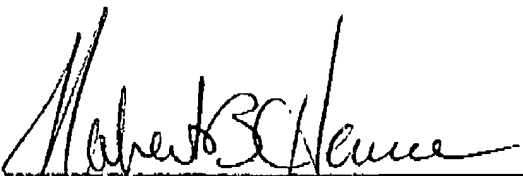
All correspondence and telephonic communications should be directed to:

Fraser D. Roy  
057360  
Customer Number  
Telephone: (801) 533-9800  
Facsimile: (801) 328-1707

All previous powers of attorney are hereby revoked.

Signed at Redwood City, California, this 27<sup>th</sup> day of October,  
2005.

By:

  
Robert Hance, President  
100 Abbott Park Rd.  
Abbott Park, IL 60064

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DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

JANUARY 15, 2004

PTAS

ORRICK, HERRINGTON & SUTCLIFFE LLP  
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4 PARK PLAZA, SUITE 1600  
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\*102497672A\*

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RECORDATION DATE: 07/10/2003

REEL/FRAME: 014260/0544  
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:  
CARLEY, MICHAEL T.

DOC DATE: 06/03/2003

ASSIGNOR:  
GLNN, RICHARD S.

DOC DATE: 07/09/2003

ASSIGNOR:  
SAGASTEGUI, JAVIER

DOC DATE: 06/03/2003

ASSIGNOR:  
JABBA, RONALD J.

DOC DATE: 06/03/2003

ASSIGNOR:  
ALDRICH, WILLIAM N.

DOC DATE: 06/16/2003

ASSIGNOR:  
BELEY, W MARTIN

DOC DATE: 06/03/2003

9/23/05  
Reissue  
JWG  
Tom D

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014260/0544 PAGE 2

ASSIGNEE:  
INTEGRATED VASCULAR SYSTEMS, INC.  
743 PASTORIA AVE.  
SUNNYVALE, CALIFORNIA 94086-2918


SERIAL NUMBER: 10081726  
PATENT NUMBER: 6623510

FILING DATE: 02/21/2002  
ISSUE DATE: 09/23/2003

PAULA MCCRAY, EXAMINER  
ASSIGNMENT DIVISION  
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FAX NO. 801328170 NOV 21 2005 P. 11

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1. Name of conveying party(ies):  Michael T. Corley; Richard S. Ginn; Javier Sagastegui; Ronald J. Jalba; William N. Aldrich; and W Martin Belof  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies)  Name <u>Integrated Vascular Systems, Inc.</u> Internal Address: <u>743 Pastoria Ave.</u> Street Address: <u>Sunnyvale, CA 94086-2918</u> City: _____ State _____ ZIP _____  Additional name(s) and address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Execution Date: June 3, 2003; July 9, 2003; June 3, 2003; June 3, 2003; June 16, 2003; and June 3, 2003, respectively			
4. Application number(s) or patent number(s): <u>10/081,726</u>  If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) _____ B. Patent No.(s) _____			

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